

ADDENDUM RECEIPT FORM

**CITY OF HIALEAH
36 UNIT ELDERLY HOUSING
355 E. 32ND STREET
HIALEAH, FLORIDA**

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

CONTACT NAME _____ **SIGNATURE** _____

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW: COPY OF THIS FORM MUST BE FAXED AND IMMEDIATELY TO CITY of HIALEAH @ (305) 687-2642.

<u>ADDENDUM</u>	<u>SIGNATURE</u>	<u>DATE</u>
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FRAMING, INSULATION AND DRYWALL BID - 2012/13-3230-00-015

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